

Appendix H:

Section V. California Olmstead Plan Recommended Future Actions

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V. RECOMMENDED FUTURE ACTIONS

The following lists some next steps for improving the long-term care system so that California residents will have available an array of community care options that allow them to avoid unnecessary institutionalization. The "Policy Goals" describe the policy goals to be pursued in order to improve the long term care system, and the bullets under each of the goals indicate the strategies to be implemented to reach those policy goals. These policy goals reflect a clearly articulated direction, one that has never been previously defined or so clearly stated. Some of the recommended future actions require additional funding. These funding requirements are identified in the text. Additionally, even the completion of actions which do not require additional funding may be delayed if current resources become unavailable or are permanently reduced due to budget constraints. In addition, because this plan is a living document, the policy goals articulated today may change depending upon the leadership of the state.

State Commitment

Policy Goal: The rules, regulations, and laws of the State are consistent with the principles of the *Olmstead* decision.

- The LTC Council will review and monitor the implementation of the Olmstead Plan. The plan shall be updated annually to reflect changes in state or federal law, funding availability, or new or revised activities.
- LTC Council departments will review their strategic plans to see that they are consistent with the principles of the *Olmstead* decision and present their findings and any recommended changes by the Fall 2003 meeting of the Council.
- CHHSA Directors who are members of the Long Term Care Council will report at the quarterly Council Meetings, beginning with the Fall 2003 meeting, on key activities engaged in by their Departments that support the achievement of Olmstead Plan policy goals, including reviewing and revising regulations and policies.
- The CHHSA will establish, by June 30, 2003, an Olmstead Advisory Group, which includes stakeholders and consumers, to provide continuing input in the review, implementation, and updates to the Olmstead plan.

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Data

Policy Goal: Improve information and data collection systems to improve the long-term care system so that California residents will have available an array of community care options that allow them to avoid unnecessary institutionalization.

- Beginning June 1, 2003 the Long Term Care Council (the Council) will identify data needs, based on internal review and consumer/stakeholder input to the Olmstead Plan. Consumers and stakeholders will be asked to review and comment on the identified needs. The Council will identify the data needed for purposes of planning for assessments for persons in institutions, service planning for individuals, and services needed for transition, assessments for diversion from institutions, service planning for individuals, and services needed for diversion, systemic planning, and resource development purposes. Data needed may include, but not be limited to:

Assessment

- a. Identify all individuals living in publicly-funded institutions, including children with disabilities in out-of-home placements.
- b. For each person residing in a publicly funded institution, identify the services and supports, if any, which would enable him or her to live successfully in an integrated community setting.
- c. Determine, of the individuals so identified, those who, after receiving information on community options in an understandable form and having the benefit of an assessment, seek and/or do not object to community placement and whose assessment team has identified this as a feasible option.
- d. The length of time between assessment and community placement.

Diversion

- e. Reasons persons are at-risk for institutionalization.
- f. Numbers of people diverted from institutionalization.
- g. Numbers of people not diverted due to lack of community-based services, including identification of the specific services that were needed.
- h. What services are needed to divert individuals from unnecessary institutionalization.

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Transition

- i. Identify the estimated timeframe for actual movement of the resident to a community setting.
- j. Length of time between when the person was assessed as appropriate for community services and when the individual received the needed community service, including waitlist information.
- k. Number of individuals moved to the community, type of placement, and location of placement, services, and supports.
- l. Numbers of individuals returning to institutions after moving to the community, and length of time in community prior to return.

Community Capacity

- m. Unmet community service needs, the gap between existing services and consumer needs, and the timeframe and funding which would be needed to undertake the resource development to fill these service gaps.
- n. Numbers of trained service providers and location of providers - reviewed for possibility of shortage.
- o. Number of community placements available and location of community services.
- p. Data on net costs or cost savings resulting from community as opposed to institutional service.

Housing

- q. Number of affordable, accessible housing units needed for assisting currently institutionalized individuals to transition to the community, organized by county, including information about any specialized housing needs.
- r. Identify and describe all housing subsidy programs that are targeted to persons with disabilities (even if no current vacancies exist), including all specifics regarding target populations and affordability levels and restrictions, along with contact people in each county for further information on each program.
- s. Identify, by county, the number and type of subsidized housing units or Section 8 vouchers currently targeted specifically to persons with disabilities.
- t. Identify, by county, the number of persons with disabilities currently receiving housing assistance, the number of persons with disabilities on waiting lists for housing assistance, and the length of current waiting lists for people with disabilities for subsidized housing generally and for housing targeted specifically to persons with disabilities.

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- u. Estimate, by county, the number of non-subsidized accessible housing units.
- v. Calculate the gap (number of units needed) between the housing needs of people with disabilities in institutions and the available housing units.

Quality Assurance

- w. Documented incidents of abuse or neglect, name of service provider, location of abuse, type of abuse, resolution taken, and follow-up planned.
- x. Data on consumer satisfaction with services and supports, quarterly, yearly, etc.
- y. Comments about inadequacy of services by particular providers.
- z. Grievances, including the issue grieved, the service provider who is the subject of the grievance, if applicable, and the resolution of the grievance.

The Council will identify what data is currently available, what databases exist, and what data is currently unavailable. To the extent possible, the existing data will be grouped by geographic service area. The Council will also ensure any activities are compliant with confidentiality and HIPAA rules.

Subject to additional resources, the Council will pursue the relevant state processes required to contract for the services of a consultant to collect the data that is currently unavailable and incorporate it into a database, subject to confidentiality rules.

The LTC Council, with participation of consumers and stakeholders, will review the data that is currently available, identify trends and issues, recommend actions for improvement in the programs and identify areas where additional data is needed and cost projections for collection of this data. The results of these activities will be reflected in the next update to the Olmstead Plan, April 1, 2004.

DHS will request approval from the federal government to have access to Minimum Data Set (MDS) evaluations for Medi-Cal eligible individuals being placed in nursing facilities. The MDS contains some resident data that could help identify those individuals in nursing homes who are candidates for more in-depth assessment and transition activities. This activity would be a subset of the recommended activity above to identify what data is currently available or unavailable.

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Comprehensive Service Coordination

Policy Goal: Implement a comprehensive service coordination system that will improve the long-term care system so that California residents, regardless of disability, will have available an array of community service options that allow them to avoid unnecessary institutionalization.

- By April 1, 2004, the LTC Council will prepare a conceptual design for a comprehensive assessment and service coordination system for individuals placed in, or at risk of placement in, publicly funded institutions. This conceptual design will be included in the next update of the Olmstead Plan. The Council will solicit consumer and other stakeholder comment and review on the conceptual design. This comprehensive system would include elements such as the following:
 - a. State level entities responsible for system administration.
 - b. Community services that build upon existing service systems and provide for a variety of living options, taking into consideration regional issues.
 - c. A database containing information on individuals residing in institutions, those at risk of placement, and those who have been placed.
 - d. A standardized assessment process for individuals in institutions that includes consumer and family participation as well as professional team members. This process should build upon the past work related to the LTC Council's California Uniform Assessment Instrument project.
 - e. A standardized diversion process for individuals at risk of placement in institutions. Multi-disciplinary teams will be used that include the appropriate expertise (e.g., dementia expertise for a person with Alzheimer's Disease).
 - f. A standardized transition process for persons in institutions moving into the community.
 - g. Required linkages and protocols between service providers.
 - h. Service coordination for each consumer.
 - i. The development of a service plan, including needed services and supports for each consumer.
 - j. Training for service coordinators in obtaining needed services; establishing linkages with all needed services (e.g. local housing agencies); and use of an informal support network.
 - k. A process for assessing unmet community service and support needs, including family caregiver support needs, and seeking resources to respond to those needs.

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- l. A system to measure and report the outcomes of individuals placed in service plans.
- m. The implementation of the service plan, with necessary consumer follow-up by the care coordinator.
- n. A process for updates of consumer service plans.
- o. A process for appealing items included in, or excluded from, the service plan.
- p. A process for monitoring any waiting lists that arise and initiating actions to assess that such lists move at a reasonable pace.
- q. The development of information on all available funding options, and creation of a budget methodology to ensure adequate system funding.
- r. The structuring of funding sources and “categorical” funding streams into a coherent system for long term care.
- s. Identification of the procedures and regulations to be established by the state oversight entities to assure system effectiveness and quality, and that services reflect and are accessible by California’s diverse population.
- t. Comprehensive assessment of the housing needs of institutionalized persons and oversight of resource development to assist with identifying affordable, accessible housing for these persons.
- u. Reducing disincentives to community-based options over institutions.
- v. Monitoring processes by all entities involved.

The conceptual design should build upon existing models, best practices, and services. Beginning April 1, 2004, the LTC Council will identify elements of the conceptual design that could be implemented within existing resources and develop recommendations for implementation. The LTC Council will also identify costs of additional resources needed to implement the conceptual design.

- The DMH, with consumers, stakeholders, and counties, will begin to develop recommendations to ensure that a comprehensive assessment and service-planning system is in place for individuals placed in, or at risk of placement in, institutions due to mental health conditions. The recommendations could include components mentioned in the items “a” through “v” above, and will be integrated into existing county mental health programs. The recommendations will include an implementation schedule and identify needs for additional resources. The recommendations could build upon counties’ Adult System of Care or Children’s System of Care. A major focus of the system should be on diverting individuals from entering long term care institutions by developing community based services and supports. This activity would be a subset of the recommended activity above.

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- DHS will support implementation of the Long Term Care Integration (LTCI) Pilot Projects. If determined feasible, support efforts to pilot test LTCI projects administered by non-government entities.
- Enact legislation to make permanent the Program for All-Inclusive Care for the Elderly (PACE).
- DHS will plan for expanding the number of PACE sites statewide with a long-term goal of establishing 10 PACE organizations in California. DHS will identify barriers to additional PACE sites.

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Assessment

Policy Goal: Provide timely assessments for persons in institutions to determine supports and services needed for individuals to transition and live successfully in the community. Provide assessments for persons living in the community, who are at risk of placement in an institution or more restrictive setting, to remain in the community in the least restrictive setting. Assessments should result in an informed choice for the consumer as to the most appropriate and integrated setting.

- Beginning July 1, 2003, the LTC Council departments, using existing resources, will review all existing assessment procedures used for individuals residing in institutions and for individuals at risk for placement in institutions, for consistency with the *Olmstead* principles and parameters listed below. Each department will seek input as appropriate from consumers and stakeholders. The departments shall, beginning with the Fall 2003 Council meeting, report at the LTC Council meetings recommended changes for improvement and identification of any additional resources that would be needed. Additional resources would be needed to implement activities covered under the parameters if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation. The parameters shall include, but not be limited to:
 - a. Assessments should be used to determine the specific supports and services that are appropriate for the person and that he or she needs to live in, or remain in, the community, including those needed to promote the individual's community inclusion, independence and growth, health and well being.
 - b. Assessment tools and/or planning processes must not act as artificial barriers to individuals moving swiftly to the community.
 - c. The individual assessment/planning process should be "person-centered" and focus on the person's goals, desires, cultural and language preferences, abilities and strengths as well as relevant health/wellness/behavioral issues and skill development/training needs. An individual should not be required to make a decision about moving prior to completion of an assessment.
 - d. People should always be involved in their own assessment/planning process and must be provided with information in a form they can understand to help them make choices and consider options. Information on options for living arrangements should be included.

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- e. The individual being assessed for community placement must be given the opportunity to visit and temporarily test out a choice of community services options prior to being asked to choose where one wants to live.
- f. Individuals must be given understandable information about the results of their assessments and plans, in writing, and “sign off” on these documents.
- g. Family members, friends, or support people have an important role in the assessment/planning process, to the extent desired by the person with a disability. Assessments should include the individual’s “circle of support”.
- h. People must have the supports which best enable them to communicate, e.g., communication devices or the presence of people who can best interpret for them.
- i. Reduce duplicative assessments.
- j. Assessments should be conducted on a periodic basis that reflects the need and situation of the individual.
- k. Peer support and/or independent advocates should be available to assist individuals in the assessment/planning process.
- l. Professionals who prepare assessments and/or participate in planning must be qualified. In order to be qualified, a professional must have knowledge in their field of relevant professional standards and core competencies related to community-based services (including knowledge of the full variety of community living arrangements).
- m. Professionals who work in the community must be involved in assessment and planning. Assessments may be done by a “team approach”.
- n. Assessments and determinations as to the most integrated setting must be based on the individual person’s needs and desires for community services and not on the current availability or unavailability of services and supports in the community.
- o. Information should be provided to consumers regarding the opportunity to be assessed for placement; on the objective or purpose of assessment; on how to access the system for an assessment; on the timeline for implementation of potential plans and outcomes; on any entitlement to services; on consumer rights; on the option to change living situations, test different options, and change his or her mind; on how to obtain a peer/community advocate; or consumer’s individual risk factors faced when moving out of an institution. Ensure that individuals in institutions and the community will both receive, and be able to understand, information on service options.
- p. If an individual is unsatisfied with recommendations made or results, she or he must have the right to appeal and be informed of how to do so.
- q. Assessments should clearly identify the range of services needed and preferred to support the person in the community, including, where appropriate, housing, residential supports, day services, personal care, transportation, medical care, and advocacy support.

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- r. Assessment for minor children who have been placed in, or are at risk of, out-of-home placement, shall determine the services and supports that should be made available to the child and his/her family to enable him or her to remain in or transition to the least restrictive environment as required by state and federal laws.
- s. Service planning should be person centered and client/consumer-driven and maximize the natural supports and relationships--familial and otherwise--that will enable the individual to remain in the least restrictive, most integrated environment.

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Diversion

Policy Goal: Divert individuals from entering institutions and ensure that they are served in the most integrated setting appropriate, based on informed consumer choice.

- Beginning July 1, 2003, the LTC Council departments, using existing resources, will review current service planning procedures for effectiveness in diverting persons from placement in institutions consistent with the *Olmstead* principles and parameters listed below. Each department will seek input as appropriate from consumers and stakeholders. The departments shall, beginning with the Fall 2003 Council meeting, report at the LTC Council meetings, recommended changes for improvement and identification of any additional resources that would be needed. Additional resources would be needed to implement activities covered under the parameters if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation. The parameters shall include, but not be limited to:
 - a. The service plan will consider a full array of services based on need and regardless of disability category. If a service is not available, the individual will be placed on a waiting list.
 - b. Service plans, based on the assessments, should clearly identify the range of services needed and preferred to support the person in the community, in all relevant areas, such as housing, residential supports, day services, personal care, transportation, medical care, education, respite, supported employment, and advocacy support.
 - c. Provide service coordination for each consumer to connect the individual with community providers and assist in any diversion activities as necessary. Clarity as to who is responsible to connect the individual with community providers is necessary for accountability.
 - d. Service planning should be conducted on a defined, periodic basis and include follow-up with consumers on the care plan and updates as necessary.
 - e. Persons involved in the diversion process should be qualified and knowledgeable of community living options, such as experts in transportation and housing.
 - f. Consumers and families should be educated about community placements.
 - g. All materials should be clear and understandable to the consumer and family.

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- h. Service planning should be person centered and consumer driven. For minor children and their families, service planning should be child and family centered and driven by child and family strengths.
 - i. Data regarding unmet needs should be used to identify the need for more services for the individual and in the aggregate.
 - j. Care planning should be person centered and client/consumer-driven and maximize the natural supports and relationships--familial and otherwise--that will enable the individual to remain in the least restrictive, most integrated environment.
- By April 1, 2004, the LTC Council departments will evaluate existing crisis response programs and report to the LTC council to identify recommended models that could be adopted by counties without existing programs. The models should focus on timely actions that can maintain an individual in community settings with appropriate services and supports and identify any need for additional resources. Stakeholders and counties should participate in this activity.
- Subject to additional resources, the Department of Developmental Services will expand the use of the Regional Resource Development Project approach specified in WIC 4418.7 to all individuals whose community home is failing and for whom any type of institutional placement – not just developmental center placement -- is a likelihood.

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Transition

Policy Goal: Transition individuals from institutions to the most integrated setting appropriate, based on consumer choice.

- Beginning July 1, 2003, the LTC Council departments using existing resources will review current discharge planning procedures for consistency with the *Olmstead* principles and parameters listed below. Each department will seek input as appropriate from consumers and stakeholders. The departments shall, beginning with the Fall 2003 Council meeting, report at the LTC Council meetings recommended changes for improvement and identification of any additional resources that would be needed. Additional resources would be needed to implement activities covered under the parameters if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation. The parameters shall include, but not be limited to:
 - a. The service plan should consider a full array of services based on need and not limited by disability category. If a service is not available, the individual will be placed on a waiting list, if applicable.
 - b. Service plans, based on the assessments, should clearly identify the range of services needed and preferred to support the person in the community, in all relevant areas, such as, housing, residential supports, day services, personal care, transportation, medical care, respite, education, supported employment, and advocacy support.
 - c. Provide service coordination for each consumer to connect the individual with community providers and assist in any transition activities as necessary. Clarity as to who is responsible to connect the individual with community providers is essential to ensure accountability.
 - d. Service planning should be conducted on a defined, periodic basis and include follow-up with consumers on the care plan and updates as necessary.
 - e. Persons involved in the transition/planning process should be qualified and knowledgeable of community living options. Consumer and families should be educated about community placement including information about available service providers.
 - f. All materials should be clear and understandable to the consumer, with an independent advocate or peer available to assist as needed.
 - g. Data regarding unmet needs should be used to identify the need for more services for the individual and in the aggregate.

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- h. Service planning should be person centered and client/consumer-driven and maximize the natural supports and relationships--familial and otherwise--that will enable the individual to remain in the least restrictive, most integrated environment.
 - i. Experiential opportunities to ensure informed consumer choice must be provided.
 - j. If a school age individual is transitioning, certain elements, such as an Individualized Education Program, should be in place prior to the move.
- Pending State and federal approvals, the MDS-Home Care assessment tool will be pilot tested by one county to assess its potential to be used as a mechanism to transition nursing facility residents to a community setting.
- Subject to the availability of resources, DSS and DHS will evaluate the cost to increase IHSS hours to the maximum allowed during the first 90 days after an individual transitions from an institution to the community. This 90-day transition period is when consumers, especially those living alone, are most vulnerable to transfer trauma that can result in re-institutionalization.
- Beginning in 2003, DHS will begin to expand the DHS Medical Case Management (MCM) Program. Currently, the MCM Program is expanding in the San Francisco Bay Area where the Department does not have a program. Plans to expand also include the Central Valley (Fresno/Bakersfield), the Los Angeles area, and the establishment of a new satellite office in Redding for expansion in Northern California. This effort will facilitate and coordinate timely access to those appropriate medical and community-based services in a home setting that help stabilize and improve a beneficiary's health status and reduce preventable institutionalization.
- In 2003, DDS will continue downsizing eleven large residential facilities, moving persons with developmental disabilities to smaller community homes and will survey its regional centers to identify additional facilities for downsizing.
- Beginning in 2003, CDA and DHS will explore expanding the existing authority for nursing home residents to make transition visits to adult day health care programs. These visits assist nursing home residents in determining whether the services of adult day health care programs can meet their needs, which in turn will help them gauge the feasibility of community living.
- Beginning in 2003, the LTC Council will identify options to reach residents in institutions in order to inform and educate them regarding the *Olmstead*

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decision, and will work in collaboration with stakeholders to identify options that may be pursued.

Community Service Capacity

Policy Goal: Develop a full array of community services so that individuals can live in the community and avoid unnecessary institutionalization, including participating in community activities, developing social relationships, and managing his or her personal life by exercising personal decisions related to, among other things, housing, health care, transportation, financial services, religious and cultural involvement, recreation and leisure activities, education, and employment. Services should be appropriate to individuals living with and without family or other informal caregivers. Increase capacity for local communities to divert consumers from institutionalization and re-institutionalization. Support family caregivers by providing an array of information and services that will allow them to support a family member with disabilities in their home.

- During 2003, the Department of Health Services will request approval from the federal Centers for Medicaid and Medicare Services to expand by 300 the number of Nursing Facility waiver slots, in order to serve everyone currently on the waiting list.
- During 2003, the LTC Council will identify state actions that could be used to improve the availability of paratransit services based on consumers' need for services, coordinate paratransit services across transit districts, and expand rural services.
- Beginning July 1, 2003, the LTC Council departments will analyze their current waitlists and report, beginning with the Fall 2003 LTC Council meetings, at the quarterly LTC Council meetings, on the status and movement of those waitlists and describe efforts to ensure waitlists move at a reasonable pace, including need for additional resources. The departments will seek consumer and stakeholder input. The departments will make their reports available to the public.
- Subject to additional resources, expand programs that assist consumers in living in the community. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation of program expansion. These include programs that provide in-home care and services; transportation and housing; supported living; information and assistance; respite; care management; caregiver assistance; day programs; services for children and adolescents, including expanded supports

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(wraparound) for families; and other services and supports. To the extent possible, expansion of programs should be based on data analysis consistent with recommendations under the "Data" section of this plan.

- In 2003, the DOR will implement a Workforce Inclusion Initiative. This initiative supports the goals of equality of opportunity, full participation, independent living, and economic self-sufficiency for people with disabilities. Working in cooperation with the State Employment Development Department, this initiative will increase the employment of individuals with disabilities by assuring that they are able to access the full array of state and local employment programs. The DOR will seek input of stakeholders and consumers.
- Beginning in 2003, the DOR will work with one-stop career centers to enhance the centers' abilities to establish policies regarding working with persons with disabilities. The DOR will seek input of stakeholders and consumers.
- Beginning in 2003, DHS will support the use of social health maintenance organizations, which utilize community-based organizations to provide social and health care services and supports, which allow participants to avoid nursing facility placement.
- In 2003, to promote human resource development, and to increase consumer choice and options, DMH will develop and disseminate to county mental health departments a technical assistance manual on working with high school career academies in promoting career paths into mental health professions.
- During 2003, CHHSA will evaluate the projects funded under the Governor's Caregiver Training Initiative and identify additional job training and skills training that would be beneficial for direct-care staff.
- In 2003, DSS will explore the need for, and feasibility of, licensing assisted living type facilities for younger individuals with disabilities.
- In 2003, DSS will review licensing regulations and statutes to identify any barriers to placement or retention in community care facilities, including looking at social rehabilitation facility models and residential treatment alternatives to acute and long-term institutional care.
- Subject to additional resources and analysis of relevant data, the LTC Council departments will develop and implement further strategies to increase and stabilize the recruitment, education, training, and retention of health professionals and other paid caregivers. Subject to additional

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resources, this might include additional rate increases for community long term care service providers or expanding caregiver support services in order to allow them to serve more family caregivers.

- DDS and DHS will seek a federal Home and Community-Based Services Independence Plus Waiver to fund the continuation and expansion of self-determination for regional center consumers.

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Housing

Policy Goal: Expand the availability of housing options for persons with disabilities. Ensure the availability of housing options that can be augmented by supports that facilitate the full inclusion of the person into the community.

- Subject to the availability of additional resources, the Department of Housing and Community Development (HCD) will develop a database of housing resources available to persons with disabilities in each city and county. Information will be collected on the number of Section 8 housing vouchers available; number of subsidized public housing units; number of subsidized units that are accessible; number of subsidized accessible units that are occupied by people without disabilities; the number of bedrooms and bathrooms in each unit; and any other data deemed relevant for planning purposes by the department. This information would be made available to the public in a database where individuals can learn about the availability of accessible and affordable housing in their community. HCD will encourage local public housing agencies to make this information locally available, and to identify units as accessible or convertible. Additional resources will be needed to collect, maintain, and disseminate the data. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for development of the database or for collection, maintenance, and dissemination of the data.
- HCD will implement Proposition 46, including the supportive housing program and Grants for Ramps program. To the extent permitted under state law, HCD will ensure that housing for persons with disabilities is a priority use for Proposition 46 funds. HCD will award State dollars only to projects that require ground floor apartments be reserved for individuals with disabilities, and require all apartments to be convertible for use by persons with disabilities.
- HCD will review programs, services, and funds for accessibility and Local Government Housing Elements to insure that they include adequate sites for all housing needs including households with special needs. HCD will provide local housing entities with information on the *Olmstead* decision and emphasize the importance of making housing available in order to meet Olmstead goals. HCD will require that Consolidated Plans and Housing Elements reflect Olmstead goals as a condition of certification. HCD will consider establishing an Olmstead Ombudsman and grievance procedures to process reports of non-compliance.

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- Increase local capacity for home modification by providing planning grants from local Community Development Block Grant (CDBG) funds. Utilize funding from the CDBG program, the HOME Investment Partnership Act, Proposition 46 funds and other sources to increase funding for home modifications.
- Subject to additional resources, add rental housing after Proposition 46 resources are allocated, and resources for housing specifically designed to meet the needs of individuals with disabilities.
- Subject to additional resources, expand DMH's Supportive Housing projects.
- Subject to additional funding, provide funding for county planning grants to co-plan housing and transit.
- HCD, with the participation of stakeholders, will develop a Universal Design/Visitability Ordinance that can be adopted by local governments.
- HCD will notify the operators of HUD housing regarding access requirements for publicly subsidized housing. HCD will also encourage local governments to enforce Fair Housing laws regarding access and home modification.
- HCD will request that the federal Housing and Urban Development commit to a major expansion of federal rental assistance so that each eligible household or person can get aid.

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“Money Follows the Individual” and Other Funding

Policy Goal: Develop a “Money Follows the Individual” model to provide resources for individuals to live in the community rather than an institution. Seek opportunities to increase resources and funding options.

- As an ongoing activity, LTC Council departments will identify new federal funding sources and apply for grants that will transition individuals out of, and divert others from entering, institutions.
- As an ongoing activity, the LTC Council departments will evaluate the options of expanding the HCBS waivers, particularly for populations not now served, that will enable individuals to transition out of, or be diverted from entering, institutions. For example, subject to the availability of resources, DMH and DHS will conduct the analysis required by SB 1911 (Chapter 887/01, Ortiz). DHS, DMH, CDA, and DDS will review the opportunity offered by the Independence Plus Waiver.
- In 2003, the Department of Health Services will propose to the Centers for Medicare and Medicaid Services that the existing institutional bias in funding in the Medicaid program be replaced by a new policy. The new policy would specify that long term care services are to be provided in community settings whenever feasible.
- Beginning July 1, 2003, the LTC Council, with input from consumers, stakeholders, and experts in other states and the federal government, will design one or more models for programs in which "the money follows the person" for individuals seeking to move from institutions. The models would be piloted for expansion statewide. Additional resources would be needed to develop and implement the pilots and statewide expansion. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated for implementation.

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Consumer Information

Policy Goal: Provide comprehensive information regarding services to persons with disabilities in order to make informed choice and for service planners for planning purposes. No individual with disabilities should be prevented from living in the community due to a lack of information. Develop information, education, and referral systems, as needed, to meet this goal.

- In 2003, DSS will evaluate the option of opening the Public Authority's IHSS registries for use by all individuals and the impact on consumer information, while ensuring compliance with confidentiality rules.
- In 2003, the CDA will train general Information and Referral providers and Area Agency on Aging Information and Assistance providers according to the Alliance for Information and Referral Systems (AIRS) standards. Utilizing these standards will help ensure that the AAAs are best able to provide information to consumers, families, and other stakeholders that can help them meet their service needs in their home communities.
- The DHS will, to the extent resources permit, provide outreach and training on Medicaid Home and Community-based Services Waiver programs to state and local entities including potential providers of services, regional centers, state ombudsmen, IHSS staff, Area Agency on Aging staff, and hospital nursing facilities on available services, waiver capacity, and applications for service.
- The LTC Council will continue to provide consumer information via the internet at www.calcarenet.ca.gov, and will identify ways to expand internet and hard copy access to comprehensive information about community-based services, including information on crisis services, by improving the existing systems and developing new ones as appropriate. This could include a directory of all relevant Internet sites and telephone-based information numbers. Additionally, the LTC Council will develop hard copy materials for distribution to the public in regular text and alternative formats, including non-English languages. Additional resources may be needed to develop materials, disseminate information, and develop new internet based systems. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated to develop materials and new internet-based systems, and to disseminate information.

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Community Awareness

Policy Goal: Educate communities regarding the *Olmstead* decision. Provide background information on the Americans with Disabilities Act, the Fair Housing Amendments Act, and other related federal and state laws, to community decision makers, to ensure that they take the needs of individuals with disabilities into account when making decisions regarding public services and resources. Provide information to California communities so that community planning can be conducted to address the needs of that community's individuals with disabilities.

- As an ongoing activity, CHHSA departments will inform and advise state and local entities, including the courts, regarding the Americans with Disabilities Act (ADA), the federal and state Fair Housing Amendments Acts (FHA), the *Olmstead* decision, and other related state and federal statutes, and seek the assistance of local and disability organizations in this activity. The Council will also share this information with local and disability organizations and request their assistance in similarly informing and educating these entities. The Department of Rehabilitation will coordinate this activity.
- The LTC Council, subject to additional resources, will hire a consultant to develop, in concert with consumers and stakeholders, a public awareness campaign to ensure that the public is aware of the existence of long term care options other than institutional options. This effort will supplement similar departmental efforts. Additional resources would be required to hire a consultant to produce and implement the public awareness campaign. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated to hire a consultant.

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Quality Assurance

Policy Goal: Continually improve quality of services based on desirable outcomes and measures and increase the level of consumer satisfaction.

- Beginning July 1, 2003, the LTC Council departments will review their current quality assurance efforts for consistency with the criteria below, which are intended to promote the use of outcome based models. The departments will solicit input from consumers and stakeholders. The departments will identify any instances in which their current efforts do not meet the criteria, and specify the improvements that will be made. Additional resources would be needed to implement activities if resources are not currently available for that activity. In the state's current fiscal situation, there is no guarantee that funds will be available and appropriated to implement identified activities. By April 1, 2004, the departments will report their findings and recommendations to the Long Term Care Council. The criteria include:
 - a. Service, quality and program standards, as appropriate.
 - b. Measurable and measured outcomes. Outcome measures should allow for an acceptable level of risk management by service planners and the consumer.
 - c. Data collection and key indicator reporting, with the understanding that monitoring is not only a paper review.
 - d. Fraud, abuse, and exploitation prevention, including ombudsman
 - e. Grievance and appeals processes.
 - f. Monitoring, auditing and evaluation methodology, considering the use of tools such as program accreditation and certification.
 - g. Education and training for providers, family caregivers, and program quality monitors. For example, training could include independent living training that is provided by consumers, or long-term care facilities.
 - h. Service provider standards, rights, and expectations.
 - i. Peer support.
 - j. Consumer rights, including confidentiality of personal information.
 - k. Examine evidence-based practices: successful community models should be used to assist clients during transition and diversion.
 - l. Provide incentives/awards for good practices.
 - m. People should be allowed to live in their own homes without intrusive oversight.
 - n. Publication of results, such as Medicaid Waiver quality assurance and performance monitoring activities that are required by CMS.

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- o. Regular review of individual service plans and the use of monitoring teams which include persons with disabilities, family and community members, service providers, and others as appropriate.
 - p. Centralized responsibility for overseeing program quality, and authority to impose sanctions for violations
- Subject to the availability of resources, the DMH will work with the counties to evaluate the efficacy of the treatment programs utilized in IMDs, SNFs and MHRCs. The purpose will be to identify treatment programs that are particularly effective in preparing individuals to transition to community living, and which are consistent with the Mental Health Planning Council's platform statements on in-facility focus and IMD transition:
 - a. In-facility focus: Guided by client self-determined goals, facilities should provide treatment, recovery, and support services that prepare the client for successful placement into the community.
 - b. IMD Transition: The client's community placement goal should be identified at admission and be the organizing focus of treatment, rehabilitation, and support services. Discharge planning should identify treatment and recovery services and enlist the support of family and friends to ensure a successful transition to community placement.
- In 2003, DSS, with input from consumers and stakeholders, will begin to develop training, educational, materials and other methods of support to (1) aid IHSS consumers to better understand IHSS and to develop skills required to self-direct their care, and (2) aid providers in better meeting the needs of consumers. This item is the result of the award of a federal "Real Choice Systems Grant" that is expected to take three years to complete.
- In 2003, DSS will revise regulations to further strengthen the criminal background check process for those who operate, own, live, or work in community care licensed facilities.
- In 2003, the DMH will make available on the DMH web site and in hard copy, mental health performance outcome measures as provided to the State Quality Improvement Council.
- Beginning in 2003, CDA will monitor and improve Area Agency on Aging Information Assistance services to ensure program consistency statewide.
- Beginning in 2003, CDA will encourage general information and referral providers and Area Agency on Aging Information and Assistance workers to become certified Information and Assistance/Referral (I&A/R) specialists

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through the California Association of Information and Referral Specialists (CAIRS), the California AIRS associate.

- Subject to the availability of resources, the DSS will evaluate the IHSS enhancements made pursuant to AB 1682, including a provider registry, provider referral system and qualifications investigations, to determine the impact on service quality.
- As an ongoing activity, the DMH will audit statewide the extent to which county Mental Health Plans are providing covered Medi-Cal Specialty Mental Health Services consistent with statewide medical necessity criteria, including but not limited to the provision of the following services:
 - a. Individual Mental Health Services.
 - b. Targeted Case Management/Brokerage Services.
 - c. Crisis Residential Treatment Services.
 - d. Adult Transitional Residential Treatment Services.
 - e. Crisis Intervention Services.
- In 2003, DDS will revise the current DDS quality assurance systems into a “Quality Management Model” utilizing the Centers for Medicaid and Medicare framework. This model incorporates within it the quality measures identified through DDS’ Service Delivery Reform effort.